



SUBJECT: **9-1-1 TRAUMA RE-TRIAGE**

STEP 1

Determine if patient meets 9-1-1 Trauma Re-triage Criteria:

Perfusion:

- Persistent signs of poor perfusion
- Need for immediate blood replacement therapy

Respiratory Criteria:

- Intubation required

GCS / Neurologic Criteria:

- GCS <9
- GCS deteriorating by 2 or more during observation

Anatomic Criteria:

- Penetrating injuries to head, neck, chest, or abdomen
- Extremity injury with neurovascular compromise or loss of pulses

Provider Judgment:

- Patients, who in the judgment of the evaluating emergency physician, have a high likelihood of requiring emergent life- or limb-saving intervention within 2 hours

STEP 2

Contact the designated Trauma Center for a "9-1-1 Trauma Re-triage"

Do NOT delay transport by initiating any diagnostic procedure that do not have direct impact on immediate resuscitative measures

Designated Trauma Center:
XXXXXXXXXXXXXXXXXXXX

Contact Number:
999.999.9999

Notify:
Transfer Center / Trauma Surgeon /
Emergency Physician

STEP 3

Contact 9-1-1 for transportation

Standard Paramedic Scope does **NOT** include paralyzing agents, blood products.

STEP 4

Prepare patient, diagnostic imaging, and paperwork (to include initial EMS Report Form if applicable) for immediate transport

9-1-1 Trauma Re-triage: The movement of patients meeting specific high-acuity criteria from a non-trauma center to a trauma center for trauma care.

Trauma Transfer: The movement of other trauma patients to a trauma center that do not meet 9-1-1 Emergency Trauma Re-triage criteria.